

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014696
STATE FILE NUMBER
2 2797

FILED MAY 1 1959

Registration District No. Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN <u>Salem</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>724 West Wittaker</u>	
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>(NONE)</u> Last <u>BISEL</u>		4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 3, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Salem, Illinois</u>
13a. FATHER'S NAME <u>W. P. Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Wimberly</u>	14. NAME OF HUSBAND OR WIFE <u>- - -</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Owen Bisel - Salem, Illinois</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lower nephritic nephrosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Shock - Post operative - Etiology?</u> DUE TO (c) <u>Vagotomy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36-48 hours</u> <u>48 hours</u> <u>4 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <u>Salem</u> STATE <u>Illinois</u>
21. I attended the deceased from <u>March 4, 1959</u> to <u>March 17, 1959</u> and last saw her alive on <u>March 16, 1959</u> Death occurred at <u>St. John's Hospital 2:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Eugene T. Dwyer, M.D.</u>		22b. ADDRESS <u>University Club Bldg.</u>	22c. DATE SIGNED <u>3-19-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/19/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Cemetery</u>	23d. LOCATION (City, town, or county) <u>Salem, Illinois</u> (State)
24. FUNERAL DIRECTOR <u>Dr. Schuch</u>		25. DATE RECD. BY LOCAL REG. <u>E. St. Louis, Ill. MAR 19 '59</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u> <u>mjb</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Not embalmed, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed John J. Kessler III

Licensed Embalmer No. 2647

P. O. Address Belleville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.